

Pine Plains Recreation Department
Program Registration Form

Recreation Activity: _____ Date (Month/Year): _____

Participant Name: _____

Participant's Address: _____

Participant's Phone Number: _____

Town of Residence: _____

Participant's Date of Birth: _____ Age: _____

Grade: _____ (if this is a summer program, please write the grade just completed)

T-Shirt Size: Child: S M L OR Adult: S M L

Emergency Contact Information

Name of Physician: _____ Phone Number: _____

Person to be contacted in case of Emergency:

Name: _____ Relationship: _____

Daytime #: _____ Evening #: _____ Cell #: _____

While participating in the Activity, the Participant is subject to the policies, rules, and regulations of the Pine Plains Recreation Department.

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____

Pine Plains Recreation Department
Medical Release Form

Insurance Company Name: _____

Effective Date: _____

Address of Insurance Company: _____

Group Number: _____ Policy Number: _____

Policy Holder's Name: _____

Relationship to Participant: _____

I hereby authorize the release of any medical information which might be needed in connection with payments for medical services. I request that payment under my medical insurance program be made directly to the provider on any bills for services by the provider. *I understand that I am responsible for all cost that is not paid by my medical insurance company.* The town of Pine Plains and the Pine Plains Recreation Department are not responsible for any medical costs.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Pine Plains Summer Day Camp

I would like to register my child for the following sessions:

____ Session I: July 5th – July 8th

____ Session II: July 11th – July 15th

____ Session III: July 18th – 22nd

____ Session IV: July 25th – July 29th

____ Session V: August 1st – August 5th

____ Session VI: August 8th – August 12th

I, _____, give permission for the Pine Plains Summer Day Camp Director or Assistant Director to apply sun block on my child, _____.

Parent Signature

Date

***All immunization and shot records are required for each child prior to attending Pine Plains Day Camp.**

***Weekly payment MUST be made before or on MONDAY MORNING!**